



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST VINCENT RANDOLPH HOSPITAL INC

City of Hospital: Winchester

Year Begin: 07/01/2018 (mm/dd/yyyy format)

Year End: 06/30/2019 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-1301

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$9149647
Outpatient Patient Service Revenue	\$79843593
<b>Total Gross Patient Service Revenue</b>	<b>\$88993240</b>

2. Deductions From Revenue

Contractual Allowance	\$60912445
Other Deductions	\$2368878
<b>Total Deductions</b>	<b>\$63281323</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$24364503
Other Operating Revenue	\$492751
<b>Total Operating Revenue</b>	<b>\$24857254</b>

4. Operating Expenses

Salaries and Wages	\$5369320	Employee Benefits	\$1518401
Depreciation and Amortization	\$1201161	Interest Expense	\$0
Bad Debt	\$1347414	Other Expenses	\$16203583
<b>Total Operating Expenses</b>	<b>\$25639879</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$564789	Total Assets	\$16354117
		Total Liabilities	\$19708298

Net Non-operating Gains over Loss	\$13435
Total Net Gains	\$578224

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$33811156	\$24960572	\$8850584
Medicaid	\$23174541	\$19472600	\$3701941
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$32007543	\$18848151	\$13159392
Total	\$88993240	\$63281323	\$25711917

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$43745	\$-43745

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$68530	\$-68530

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	4415

Statement Six: Charity Statement
----------------------------------

Hospital Charity Charges	\$6947580
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1807444	
HCI Payments	\$0		
Subtotal	\$0	\$1807444	\$-1807444
Medicaid Shortfalls	\$3868066	\$7003061	
Subtotal	\$3868066	\$7003061	\$-3134995
DSH Payments	\$272,915		
Subtotal	\$4140981	\$7003061	\$-2862080
Medicare Shortfalls	\$8884086	\$8796125	
Other Government Programs	\$0	\$0	
Total	\$13025067	\$15799186	\$-2774119

Statement Seven: Subsidized Health Services for the Community
---

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$60746	\$-60746
Community Assessment	\$0	\$12384	\$-12384
Provision of Taxes	\$0	\$974100	\$-974100
Other Allocations	\$0	\$0	\$0

Comments

//